RESUMO - INTELIGÊNCIA ARTIFICIAL E SAÚDE

OPTIMIZED BUT MINDLESS: ETHICAL AND SPIRITUAL LIMITS OF ALGORITHMIC DECISION-MAKING IN MEDICINE

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Introduction: The integration of artificial intelligence (AI) and algorithmic systems into clinical medicine represents one of the most significant transformations in contemporary healthcare, increasing diagnostic accuracy and efficiency, and optimization of care. However, their rapid implementation has raised profound ethical concerns regarding autonomy, responsibility, and the nature of medical decision-making itself. Objective: To critically examine the ethical, anthropological, and spiritual implications of algorithmic decision-making in medicine, focusing on its impact on clinical judgment, patient representation, and the integrity of person-centered care. Methods: A systematic review was conducted using PubMed, Scopus, and Web of Science, including peer-reviewed articles published between 2020 and 2026. Search terms included “artificial intelligence in medicine,” “algorithmic decision-making,” “AI ethics,” “human dignity,” and “spirituality in healthcare.” Studies were selected based on relevance to ethical, philosophical, and clinical dimensions of AI. A thematic synthesis was performed, organizing findings into four domains: epistemological

reduction, teleological shift, normative displacement, and spiritual exclusion. Results: Recent literature emphasizes that AI systems operate as normative infrastructures that embed assumptions about health, value, and care whilst these mechanisms optimize measurable outcomes, they nonetheless promote an epistemological reduction of the patient to quantifiable data, excluding subjective and existential dimensions that are central to illness experience. This is accompanied by a teleological shift from person-centered healing to outcome optimization, redefining clinical success in terms of efficiency and risk minimization. Furthermore, algorithmic recommendations exert normative influence without moral grounding, generating a “responsibility gap” in which accountability is diffused among clinicians, developers, and institutions. These dynamics contribute to the displacement of clinical judgment, traditionally grounded in practical wisdom (phronesis), by probabilistic reasoning. The result is a form of medicine that may lack in effectiveness due to its anthropologically incompleteness. Conclusion: algorithmic medicine operates through statistical abstraction, raising the possibility that clinical decisions may become technically optimal but existentially and ethically insufficient. Preserving human dignity in this context requires reasserting the centrality of the person, reintegrating moral reasoning and spiritual awareness into clinical practice. Without such integration, medicine may become optimized but silent, technically proficient in addressing disease, yet profoundly limited in its capacity to truly heal.

Palavras-chave: "artificial intelligence in medicine”; “algorithmic decision-making”; “ai ethics”; “human dignity” and “spirituality in healthcare".